	CAMPAIGN FINANCE REPORT LOCAL COMMITTEES OF WISCONSIN			OF FITCHBURG
Is This Report an Amendment:	⊠ No		CITT	
Instructions for completing schedules are on the back	of each schedule.]	JAN 1 7 2017
COMMITTEE IDENTIFICATION				RECEIVED
Name of Committee FPLENDS OF TONY HARMANN Street Address 5680 WHALEN FD =			OFFICE USE ONLY	
City, State and Zip Code FITCHBURG WI 535 Please check if address is different than previously reported, and	75 complete the Campaign Reg	istration State	ement in the b	pack of this form.
NAME OF REPORT January Continuing 7 Pre-Primary July Continuing Pre-Election Pre-	Spring [] F	Fall	Special	Termination Report
SUMMARY OF RECEIPTS AND DISBURSEMENTS 1. RECEIPTS	Column A This Period	Column B Calendar Year-To-Date		
			o Buto	
1A. Contributions (Including Loans) from Individuals	\$ 6	\$		
1B. Contributions from Committees (Transfers-In)	\$	\$		
1C. Other Income and Commercial Loans	\$	\$		4
TOTAL RECEIPTS (Add totals from 1A, 1B and 1C)	\$	\$		
2. DISBURSEMENTS				
2A. Gross Expenditures	\$ 50,00	\$		
2B. Contributions to Committees (Transfers-Out)	\$ 50.00	\$		
TOTAL DISBURSEMENTS (Add totals from 2A and 2B)	\$ 50,00	\$		
CASH SUMMARY		100		
Cash Balance Beginning of Report	\$ 419.63	Hat		
Total Receipts	\$ 40			
Subtotal	\$ 429.63			
Total Disbursements	\$ 50.00	10.0		
CASH BALANCE END OF REPORT	\$ 369.63	Haff		
INCURRED OBLIGATIONS (Balance at the Close of This Period-3A)	\$.(
LOANS (Balance at the Close of This Period-3B)	\$			
I cartify that I have examined this report and to the heat of w	n knowledge and helicfit:		and some	ad a

NOTE: The information on this form is required by ss. 11.0204, 11.0304, 11.0404, 11.0504, 11.0604, 11.0804, 11.0904, Wis. Stats. Failure to provide the information may subject you to the penalties of ss.11.1400, 11.1401, Wis. Stats.

Signature of Capilidate or Pregisurer

Type or Print Name of Candidate or Treasurer



DISBURSEMENTS Gross Expenditures

Complete Commit	ttee Name DE TONY HARTMIA	N. /					
Instructions for completing schedules are on the back of each schedule.							
Date	Full Name, Malling Address and Zip Code Of Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	Amount				
12/20/16	FREDD'S OF TASON C. GONE 2976 TRIVERTON PIKE RD. Check if: 1 In-Kind Offset FITCHRUPE, WT	PALEZ CAMPALEN CONTRIBUTION	\$ 20-00				
	Check if:						
	Check if:						
	Check if: □ In-Kind Offset						
	Check if:						
	Check if: In-Kind Offset						
	Check if: ☐ In-Kind Offset						
	Check if: In-Kind Offset						
	\$ 50°						
	\$ 50						
	\$						
	\$ 5000						